



MUTE SWAN NEST/EGG DESTRUCTION REPORT

Under Authority of Act 451 of PA of 1994 As Amended

Permittee/Contractor Name:	

DATE mm/dd/yy	NUMBER OF NESTS	NUMBER OF EGGS DESTROYED / TREATED	LOCATION OF NESTS Specific location or specific address <i>and</i> name of landowner listed on subpermit	COUNTY
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Submit Report to the issuing Wildlife Management Unit Biologist within 15 Days of Management Activities